N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MARGIN RESERVED FOR BINDING

TOWNSHIP OR VILLAGE OR VILLA	TANDARD CERTIFICATE OF DEATH . PLACE OF DEATH	Arizona State I			STATE FILE NO	55 0	
TOWNSHIP OR VILLAGE NO.: 1 PTE PORTOGORGO, -050 011 0000 FROM THE PORTOGORGO OF T	COUNTY LEATUR Orne					24	
ENGTH OF RESIDENCE IN CITY ON TOWN WHERE DEATH OCCURRED 25 YES. IN CITY ON TOWN WHERE DEATH OCCURRED 25 YES. IN CITY ON TOWN WHERE DEATH OCCURRED 25 YES. IN CITY ON TOWN WHERE DEATH OCCURRED 25 YES. IN CITY ON TOWN WHERE DEATH OCCURRED 25 YES. IN CIDY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED 25 YES. IN CITY OF THE CITY OF TOWN WHERE DEATH OCCURRED AND WERE DEATH OCCURRED	TOWNSHIP	• •				NO. 2/	
FULL NAME PURCH P	CITYCONTINE	NO	ere roci	dence e.to	Course Mond		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 10. In the County of the Word of Color of Color of Color of County of Co	IN CITY OR TOWN WHERE DEATH OCCURRED	VES MOS DE	VOW 1000		* 3 *	MOS.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 1016 10	(A) RESIDENCE: NO.	FOREST.	owny,	WARD			
4. COLOR OR RACE 1011 19 101					SIDER GIVE CITYEDE TOV	NN AND STATE)	
OWED. OR DIVORCED, WRITE THE WORD) STYLES A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF COTHERING OLDON DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 13, 1868 7. AGE 69 YEARS MONTHS DAYS IF LESS THAN 1 DAY, MIN. 8. TRADE, PROFESSION, OR PARTICULAR RIND OF WORK DOME, AS STIMMENT OR SUBJECT OF SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY BOOK AS SILK MILL. 8. TRADE, PROFESSION, OR PARTICULAR RINDOR WORK MAY RELATED TO OCCUPATION DORCESSION OF INJURY IN ANY WAY RELATED TO OCCUPATION DORCESSION. 9. HERSTON RINDOR RIND				MEDICAL CE	RTIFICATE OF DEATH		
A. IF MARRIED, WIDOWED, OR DIVORCED HUSSAND OF COMMINED TO COMMINE OF COMMINED TO COMMINE OR COMMINED TO COMMINED TO COMMINED TO COMMINED THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF DATE OF CHIRD OF WORK COME, AS STINNERS, STANDER, WAS DONE, AS STINNERS, SAW MILL, BANK, ELT. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. 13. NAME 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. 15. MAIDEN NAME 10. COORD 15. MAIDEN NAME 10. COORD 16. BIRTHPLACE (CITY OR TOWN). 17. COORD 18. MAIDEN NAME 19. COORD 10. SUPERIOR 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE ON THE DATE STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE OF DATE OF DATE OF DATE IN THIS CONSTRUCTION. 11. LAST SAW LIDALIVE OF DATE OF ORSETT OF DATE OF DATE OF ORSETT OF ORSETT OF DATE OF STATED ABOVE, AT 1500 A. 11. LAST SAW LIDALIVE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF ORSETT OF DATE OF DATE OF ORSETT OF DATE OF DATE OF ORSETT OF ORSETT OF DATE OF DATE OF ORSETT OF DATE OF DA	lower o	S DIVOPORD /Wales				ril 30 ₁₉	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF DATE OF MISS. 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DORE, AS STINNER, SIDE OF COOKERS. 9. INDUSTRY OR BUSINESS IN WHICH, SAW WILL, SAW WILL, SAW, ETC. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. 11. TOTAL THIS (YEARS) OCCUPATION (MONTH AMP) 27 STATE OR COUNTY) 13. NAME 10. FEOT C. 14. BIRTHPLACE (CITY OR TOWN) CITATE OR COUNTY) 15. MAIDEN NAME 10. FEOT C. 16. BIRTHPLACE (CITY OR TOWN) CITATE OR COUNTY) 17. TOTAL THIS (YEARS) OCCUPATION CITATE OR COUNTY) 18. MAIDEN NAME 10. FEOT C. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. CITATE OR COUNTY) 18. NAME 10. FEOT C. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION. CITATE OR COUNTY) 19. MAIDEN NAME 10. FEOT C. 10. DATE OF COUNTY. 11. TOTAL THIS (YEARS) OCCUPATION. CONTINUED CAUSES OF ATDRIANCE: CONFIRMED DIAGNOSIS: WAS THERE AN AUTOPSY: 11. TOTAL THIS (YEARS) OCCUPATION. 12. DATE OF COUNTY. 13. NAME 14. BIRTHPLACE (CITY OR TOWN) CITY OR TOWN) CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) CITY OR TOWN) CITY OR TOWN) 17. COUNTY WHERE DID INJURY OCCUPATION OF COUNTY OR TOWN, COUNTY AND STATE OR COUNTY. WHERE DID INJURY OCCUPATION OR TOWN, COUNTY AND STATE OR COUNTY. WHERE DID INJURY OCCUPATION OR TOWN, COUNTY AND STATE OR COUNTY. WHERE DID INJURY. SPECIFY WHETHER INJURY OCCUPATION OF INJURY. NATURE OF INJURY. WHERE DID INJURY. MANNER OF INJURY. NATURE OF INJURY. WHERE DID INJURY. AND SPECIFY WHETHER INJURY OCCUPATION OF INJURY. NATURE OF INJURY. NATURE OF INJURY. NATURE OF INJURY. WHERE DID INJURY. 24. WAS STREAM OF INJURY IN ANY WAY RELATED TO OCCUPATION OF INJURY. NATURE OF INJURY. NATURE OF INJURY. NATURE OF INJURY. WHERE DID INJURY. 19. SPECIFY WHETHER INJURY OCCUPATION OF INJURY. NATURE OF INJURY. PROFITE OF THE INJURY OF INJURY. NATURE O	(or) Wife of Catherine Dalt		I LAST SAW	ALIVE ON	10 (l)r.3	DEATH IS S	
8. TRADE, PROFESSION, OR PARTICULAR RING OF MIN. 8. TRADE, PROFESSION, OR PARTICULAR RING OF MIN. 9. INDUSTRY OR SUSINESS IN WHICH WORK WAS DORE, AS SINNESS, OF THE PROFESSION, OR PARTICULAR RING OF WORK WORK WAS DORE, AS SINNESS. IN WHICH WORK WAS DORE, AS SINNESS. IN WHICH WORK WAS DORE, AS SINNESS. IN THIS OCCUPATION. 10. DATE DORESS OF MORED AT THIS OCCUPATION. 11. TOTAL TIME (YEARS) SPEAT IN THIS OCCUPATION. 12. BIRTHPLACE (CITY OR TOWN). CENTER OF COUNTY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN). SUPERCEN 15. MAIDEN NAME 10. GEOORG 16. BIRTHPLACE (CITY OR TOWN). SUPERCEN 17. MAIDEN NAME 18. TRADE, PROFESSION, OR PARTICULAR RING. 19. MAIDEN NAME 19. MAIDEN NAME 10. GEOORG 10. DATE OF OPERATION. DATE OF OPERATION. 11. TOTAL TIME (YEARS) SPEAT IN THIS SPEAT			TO HAVE OCC	URRED ON THE DAT			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS STRINGED OF COLORD C. 9. INDUSTRY OR BUSINESS IN WHICH WORK DATE OF THE COLORD C. 10. DATE DECRASED LAST WORKED AT THIS OCCUPATION (MONTH AMDO) 77 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION (MONTH AMDO) 77 12. BIRTHPLACE (CITY OR TOWN) CENTER CITY (STATE OR COUNTY) 13. NAME		I DAY,HRS.	THE PRINCIPA	L CAUSE OF DEATH	AND RELATED CAUSES	DATE OF ONSET	
THIS OCCUPATION (MONTH AMD) 37 SPENT IN THIS OCCUPATION (MONTH AMD) 37 OCCUPATION BIRTHPLACE (CITY OR TOWN) CHICAGO TO (STATE OR COUNTY) 13. NAME	SAWYER, BOOKKEEPER, ETC	-crmer	Care	unoma o	- Alomach	275	
13. NAME 10 - GCOTG 14. BIRTHPLACE (CITY OR TOWN) SYMEGON (STATE OR COUNTY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) SYMEGON (STATE OR COUNTY) SYMEGON 16. BIRTHPLACE (CITY OR TOWN) SYMEGON (STATE OR COUNTY) SYMEGON (SPECIFY CITY OR TOWN, COUNTY AND STATE OF INJURY) (SPECIFY CITY OR TOWN, COUNTY AND STATE OF INJURY) (SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY. NATURE OF INJURY. 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? 15. MAIDEN NAME (SPECIFY CITY OR TOWN, COUNTY AND STATE OF INJURY) NATURE OF INJURY. 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? (SPECIFY) MANNER OF INJURY. NATURE OF INJURY. 15. MAIDEN NAME (SPECIFY CITY OR TOWN, COUNTY AND STATE OF INJURY) NATURE OF INJURY. 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? (SPECIFY) MANNER OF INJURY. NATURE OF INJURY. 16. BIRTHPLACE (CITY OR TOWN) (SPECIFY CITY OR TOWN, COUNTY AND STATE OF INJURY. NATURE OF INJURY. 17. MATTER OF INJURY. NATURE OF INJURY. NATURE OF INJURY. NATURE OF INJURY. NATURE OF INJURY. 17. MATTER OF INJURY. NATURE OF INJURY. NATUR	YEAR) OCCUPATION (NONTH AND 77 S.	PENT IN THIS	OMER CONTR	HOUTORY CAUSES	OF PORTANCE:		
14. BIRTHPLACE (CITY OR TOWN) SYMEOGEN 15. MAIDEN NAME TO GOORG 16. BIRTHPLACE (CITY OR TOWN) SYMEOGEN 16. BIRTHPLACE (CITY OR TOWN) SYMEOGEN 17. INFORMANT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? 18. BIRTHPLACE (CITY OR TOWN) SYMEOGEN 19. CITY OR TOWN) SYMEOGEN 19. CITY OR TOWN) SYMEOGEN 19. CITY OR TOWN, COUNTY AND STANDARD ST	(STATE OR COUNTY) INTEROTE.				xbea		
WHAT TEST 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) INFORMANT (ADDRESS) BURIAL, CREMATION, OR, REMOVAL PLACE LICENSE NO. EMBALMER SIGNATURE FUNERAL DIRECTOR ADDRESS ADDRESS DOCALOS, APIZ. ADDRESS ADDRESS DOCALOS, APIZ. ADDRESS AT 20170 WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? ADDRESS NATURE OF INJURY 15 SO, SPECIFY IF SO, SPECIFY IF SO, SPECIFY WAS THERE AN AUTOPSY? AND INDUSTRY OCCURRY THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY NAME OF INJURY NATURE OF INJURY DECEASED? 15 SO, SPECIFY IF SO, SPECIFY IF SO, SPECIFY	13. NAME 00 TECOTO						
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN AUTOMORE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTY) INFORMANT ITS. INFORMANT INFOR	(STATE OR COUNTY)	WHAT TEST					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) SVICEGOR INFORMANT (ADDRESS) BURIAL, CREMATION, OR REMOVAL CEMBALMER FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY WHERE DID INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE MANNER OF INJURY MATURE OF INJURY 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IF SO, SPECIFY THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY WHERE DID INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE WHERE DID INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE MANNER OF INJURY ANTURE OF INJURY 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IF SO, SPECIFY IF SO, SPECIFY	15. MAIDEN NAME No Tecord			WAS DUE TO STA	WAS THERE AN	AUTOPSY7	
INFORMANT IS TOURS. (ADDRESS) COUNTY AND STA (ADDRESS) COUNTY AND STA (ADDRESS) COUNTY AND STA SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE MANNER OF INJURY. MATURE OF INJURY. MATURE OF INJURY. MATURE OF INJURY. MATURE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? ADDRESS COUNTY AND STA SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE MANNER OF INJURY. MATURE OF INJURY. 24. WAS DISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IF SO, SPECIFY.	16. BIRTHPLACE (CITY OR TOWN)			NG: ICIDE, OR HOMICID			
BURIAL, CREMATION, OR REMOVAL TIRE 5/2/37 LICENSE NO. SIGNATURE FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS FUNERAL DIRECTOR ADDRESS AT 20/270 BUBLIC PLACE MANNER OF INJURY MATURE OF INJURY AND ISEASE OF INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IF SO, SPECIFY. IF SO, SPECIFY.	7. INFORMANT TS. TOTALES, TIZ			(SPECIFY OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR			
FUNERAL DIRECTOR LOCALOS, Ariz. ADDRESS LOCALOS, Ariz. ADDRESS LOCALOS, Ariz. ADDRESS LOCALOS, Ariz. ADDRESS LOCALOS, Ariz. IF SO, SPECIFY.	8. BURIAL CREMATION, OR REMOVAL BIRE OF STATE						
FUNERAL Carroon Torbusty Address	9. EMBALMER			NATURE OF INJURY			
ADDRESSOOOD	FUNERAL Corroon Tortuary				ANY WAY RELATED TO	OCCUPATION (
] FILED '/ / / / 16 \ N\\\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS MOGRACE, ATIZ.	HOVUI	ĺ.	FY	House		